



LEASE APPLICATION

Freedom Financial Leasing Corporation

3227 S. Cherokee Lane, Suite 1350

Woodstock, GA 30188

770-592-1015 – Office 800-711-1776

770-926-9936 - Fax - Attention: Wade

BUSINESS INFORMATION			
Business Legal Name:		Time In Business Under Current Ownership:	Federal ID Number
Business Address	City/County	State	Zip
			Business Phone Number ()
Type Of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation	State of Incorporation:	Type Of Business:	Business Fax Number ()

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)				
Name (First-Middle-Last) <i>Please Print</i>	Date of Birth	Title	% Ownership	Social Security Number
Present Address	City/County	State	Zip	Home Phone Number ()
Other Owner/Guarantor	Title	Address	Date of Birth	%Ownership
				Social Security Number

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)									
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD	
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD	

EQUIPMENT LOANS/LEASES (Open or Paid)				
Firm Name	Phone	Fax	Acct#	High Credit
				How Long

TRADE REFERENCES				
Firm Name	Phone	Fax	Acct#	High Credit
				How Long
Firm Name	Phone	Fax	Acct#	High Credit
				How Long

EQUIPMENT INFORMATION	
VENDOR NAME/PHONE NUMBER: _____	
EQUIPMENT DESCRIPTION: _____	
EQUIPMENT COST: \$ _____	NEW OR USED
WHERE WILL EQUIPMENT BE LOCATED: _____	
TERM REQUESTED: 24 MOS 36 MOS 48 MOS 60 MOS	PURCHASE OPTION: FMV/10% OR \$1.00
By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Freedom Financial Leasing Corp. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension or such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, i/we affirm my/our identity as the respective individual/s identified in the above application.	
BY: _____	TITLE: _____
BY: _____	TITLE: _____